

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7503	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/29/2019
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF SMYRNA		STREET ADDRESS, CITY, STATE, ZIP CODE 200 MAYFIELD DRIVE SMYRNA, TN 37167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments A Life Safety revisit survey was conducted on 04/29/19 for the previous deficiencies cited on 03/05/2019. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.	{N 000}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7503	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2019
-----------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	--------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER

DIVERSICARE OF SMYRNA

STREET ADDRESS, CITY, STATE, ZIP CODE

**200 MAYFIELD DRIVE
SMYRNA, TN 37167**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments A Life Safety survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities, on 03/05/2019. During this Life Safety survey, Diversicare of Smyrna was found not in substantial compliance with the requirements of the rules of the State of Tennessee Department of Health, Board for Licensing Health Care Facilities Chapter 1200-08-6 Standards for Nursing Homes and the National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). *****All penetrations in fire barriers are required to be sealed by approved fire-stopping assemblies. Fire-stopping assembly details must be submitted with the plan of correction and be available upon request on reinspection.	N 000	N 831 1. Observation #1 On 3/13/19 the maintenance director performed an audit of all rooms in the facility for cable, coax, and low voltage wiring penetrating through the hard ceiling that were not sealed. Upon discovery, all penetrations were sealed with an approved fire stop program and product. Observation #2 On 3/6/19 sheetrock damage was repaired at room 100, dining room at popcorn machine, dining room at right exit door, outside room 300, 300 back hall electric room, 300 hall soiled utility, room 309 over PTAC, 501 activities office, and room 505. Observation#3 On 3/21/19 new HVAC diffusers were installed in the kitchen. Observation #4 On 3/6/19 the 2 unsealed penetrations in 300 back hall electric closet were repaired. Observation #5 On 3/6/19 the ceiling damage in the bathroom of room 402 was repaired and painted.	
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment. 1. Observations on 03/05/2019 between 8:34 AM - 10:30 AM, revealed that the cable, coax, and low voltage wires going through the hard ceiling, throughout the facility were unsealed.	N 831		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

James Willford TITLE Administrator

(X6) DATE 3-22-19

RECEIVED MAR 25 2019

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7503	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2019
-----------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	--------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DIVERSICARE OF SMYRNA

**200 MAYFIELD DRIVE
SMYRNA, TN 37167**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>Continued From page 1</p> <p>NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>2. Observations on 03/05/2019 between 8:34 AM - 10:30 AM, revealed sheetrock damaged in the following locations:</p> <ul style="list-style-type: none"> a. Room 100 b. Dining room (under the popcorn machine) c. Dining room by the right side exit door d. Outside of room 300 under the nurses computer e. 300 back hallway electrical room f. 300 hall soiled utility g. Room 309 (over the PTAC unit) h. 501 (activities) office i. Room 505 <p>NFPA 101, 8.4.4 (2012 Edition)</p> <p>3. Observation on 03/05/2019 at 9:10 AM, revealed a kitchen HVAC diffuser was missing the grille.</p> <p>4. Observations on 03/05/2019 at 9:30 AM, revealed 2 unsealed penetrations in the ceiling of the 300 back hall electrical closet. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>5. Observation on 03/05/2019 at 9:42 AM, revealed ceiling damage in the bathroom of room 402. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>The maintenance director and regional maintenance were present when these deficiencies were identified, and were later acknowledged by the administrator during the exit conference on 03/05/2019.</p>	N 831	<p>2. All residents of the facility have the potential to be affected including those resident w/issue cited</p> <p>3. On 3/21/19 the maintenance director was re-educated on the code requirement of NFPA 101 2012 edition: 8.3.5.1 and 8.4.4. A physical plant audit validating that the physical plant and overall nursing home environment is maintained in such a manner that the safety and well-being of the residents is assured will be conducted 1 time per week for 4 weeks then 1 time per month for 2 months then 1 time per 3 months on-going.</p> <p>4. Results of the physical plant audits will be reported to the Quality Assurance Performance Improvement Committee (QAPI) by the Administrator or Director of Nursing monthly for three months for review and revision if needed and then quarterly thereafter. The QAPI Committee consists of the Medical Director, Administrator, Director of Nursing, Assistant</p>	